


PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/680,276	RECEIVED CENTRAL FAX CENTER AUG 22 2005
	Filing Date	September 11, 2003	
	First Named Inventor	Scott Sullivan	
	Art Unit	2876	
	Examiner Name	LE, Thien Minh	
Total Number of Pages in This Submission	19	Attorney Docket Number	C2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): "Use of bar codes in inpatient drug distribution" "Potential use of bar codes to implement automated dispensing quality assurance programs". Abstract
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Robert J. Hess		
Date	August 22, 2005	Reg. No.	32,139

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: 703 872-9306			
Signature			
Typed or printed name	Robert J. Hess	Date	August 22, 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re. Patent Application: Scott Sullivan

Serial Number: 10/660,276

Filed: September 11, 2003

Title: Pill Printing and Identification

Attorney Docket: C2

Customer No: 26345

Art Unit: 2876

Examiner: Le, Thien Minh

Confirmation No: 5011

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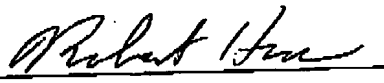
Sir:

The accompanying form 1449/PTO identifies two publications that came to the attention of the inventors within the past 3 months. No item of information in the Information Disclosure Statement filed herewith was cited in a communication from a foreign patent office in a counterpart foreign application or, to my knowledge after making reasonable inquiry, was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of this Information Disclosure Statement.

Consideration is requested.

Application No. 10/660,276
Dated August 22, 2005

Respectfully submitted,

By 
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